

THE PUBLIC HEALTH ACT.

Statutory Instrument 281—21.

The Public Health (Notifiable Diseases) Rules.

Arrangement of Rules.

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THE PUBLIC HEALTH ACT.

Statutory Instrument 281—21.

The Public Health (Notifiable Diseases) Rules.

(Under section 11 of the Act.)

1. Citation.

These Rules may be cited as the Public Health (Notifiable Diseases) Rules.

2. Application.

These Rules shall apply to all diseases declared by the Minister to be notifiable diseases for the purposes of the Act in accordance with section 10 of the Act.

3. Responsibility for notification of notifiable diseases.

(1) Every owner or occupier of land, and every manager of a mine, employer of labour and householder, who becomes aware that any person who is residing on his or her premises, or who is in his or her employ, is suffering from any notifiable disease, shall immediately give notice to the local authority which shall immediately forward the information to the medical officer of health.

(2) Any chief or headman, who becomes aware or who has reason to suspect that any person residing in his or her area is suffering from any notifiable disease, shall immediately give notice in writing to the local authority which shall immediately forward the information to the medical officer of health; except that where a medical practitioner has been called in, the obligation to notify a notifiable disease shall rest on the medical practitioner.

4. Medical practitioner to notify.

(1) Every medical practitioner who is attending on, or who has been called in to visit, a patient, shall immediately, on becoming aware that the patient is suffering from any notifiable disease, send to the nearest medical officer of health a certificate in the form set out in the First Schedule to these

Rules or in such other form as may from time to time be substituted for it by the chief medical officer.

(2) Every medical practitioner who becomes aware by post-mortem examination or otherwise that any person has died of a notifiable disease shall immediately furnish a written certificate to that effect to the nearest medical officer of health, and shall further inform the head of the household, or the occupier of the premises, or any person who has been in attendance on the deceased person, of the infectious nature of the disease and of the precautions to be taken to prevent its conveyance to others.

5. Notices and certificates.

(1) Every notice, other than a report from a person to his or her chief, required to be sent to the medical officer of health and to the local authority in accordance with these Rules, shall be in writing and shall state, in regard to a patient, the name, age, sex, race and address of the patient, the nature of the disease, the date of the onset of the illness and any available information as to the probable place and source of infection.

(2) Any notice or certificate required to be sent to a medical officer of health and to a local authority in pursuance of these Rules may be delivered personally or at an office, or may be sent by post addressed to an office or residence.

(3) Any person who fails to give any information or notice or certificate required by rules 3 to 5 of these Rules commits an offence and is liable on conviction to a fine not exceeding one hundred shillings.

6. Fees for certificates.

(1) Fees shall be payable to private medical practitioners in the areas set forth in the first column of the Third Schedule to these Rules for certificates submitted by them in respect of the diseases set forth in the second column of that Schedule. The fees shall be those set forth in the third column of the Schedule and shall be payable by the authority set forth in the fourth column of the Schedule.

(2) The Minister may, by statutory instrument, add to, delete from, or vary the Third Schedule to these Rules.

7. Register to be kept.

Every medical officer of health shall keep a register of notified cases of notifiable disease received by him or her showing, in respect of each case, the name, age, sex, race and address of the patient, the nature of the disease, the date of the onset of the illness, the place of employment or school of the patient, the probable place and source of infection, the name of the notifying medical practitioner and the action taken by the responsible authority.

8. Powers for the control of notifiable diseases.

(1) Where any case of a notifiable or suspected notifiable disease is notified to the medical officer of health, he or she may immediately visit and inspect, or appoint some fit and proper person to visit and inspect, the individual alleged to be suffering from the disease, and, on being satisfied that the case is one of a notifiable disease, he or she may order that individual and all individuals who have been in contact with the case to remain on the premises where the case was at the time of infection, or he or she may cause that individual or those individuals to be removed to an infectious diseases hospital or other suitable place provided for the reception of cases suffering from a notifiable disease, or for the segregation of contacts.

(2) Where a medical officer of health has taken action in accordance with subrule (1) of this rule, he or she shall immediately notify the local authority.

9. Power of search.

(1) A medical officer of health or any health inspector, or other person acting on the written instructions of a medical officer of health, may enter any premises in order to search for any case of a notifiable disease, or to inquire whether there is or has been on the premises any case of a notifiable disease.

(2) If a health inspector or other person so acting shall discover any case of a notifiable disease or any case suspected of such disease, he or she shall report the facts to the medical officer of health.

10. Infected area.

(1) Wherever a notifiable disease, which is infectious, has occurred

in any place, and it is deemed necessary for the purpose of preventing the spread of or for eradicating the disease, the Minister may by statutory instrument declare that place or any part of it to be an infected area, and may in like manner order the evacuation of the whole or any part of that infected area.

(2) It shall not be lawful for any person to reside or carry on business within any infected area which is included in an order for evacuation, or within any part of that area or to enter or be in that area (except for the purpose of passing along a thoroughfare which has been allowed to remain open to the public), without an order in writing by the local authority and issued subject to such conditions as a medical officer of health may consider necessary.

11. Medical inspection of travellers.

(1) Any person travelling by land, water or air from a declared infected area, may, if it is considered necessary by the medical officer of health, be required to submit to medical inspection or examination, inoculation, vaccination or revaccination by the medical officer of health, or by anyone authorised in writing by that officer, before he or she is permitted to proceed on his or her journey.

(2) A person who refuses to submit to medical examination shall not leave the infected area, and commits an offence.

(3) Any person found to have suspicious symptoms shall be detained and dealt with by the local authority as the medical officer of health may advise.

12. Disinfection of clothing.

The clothing and effects of any person proceeding from a declared infected area may be disinfected by the local authority on the advice of a medical officer of health.

13. Persons resident in infected areas.

(1) All persons residing in a declared infected area shall undergo such medical inspection or examination, inoculation, vaccination or revaccination as the medical officer of health may direct.

(2) The medical officer of health may keep all or any persons in such area under observation in any place selected by him or her or under such surveillance as he or she may consider necessary.

14. Conditions precedent to departure from an infected area.

(1) Every person who is permitted to leave a declared infected area under surveillance shall comply with the following conditions—

- (a) he or she shall satisfy the medical officer of health as to his or her name, intended destination and place of residence at the destination, and that such place is conveniently situated for medical supervision; and
- (b) he or she shall present himself or herself for medical supervision during the prescribed period, and he or she may further be required by the local authority, on the request of the medical officer of health, to deposit a sum not exceeding one hundred shillings which may be forfeited if he or she fails so to present himself or herself.

(2) If the medical officer of health is not satisfied as required in this rule or if any person fails to comply with subrule (1)(a) and (b) of this rule, the local authority, on the advice of the medical officer of health, shall detain that person under observation or shall direct him or her to proceed to a specified place and there remain under observation during the prescribed period. In the latter case, subrule (1)(b) of this rule may, at the discretion of the medical officer of health, be applied to the person.

15. Period of observation.

(1) Where any person from a declared infected area is placed under observation or surveillance, the period of observation or surveillance shall be as follows—

- (a) where observation is resorted to, the period shall not exceed seven days in the case of plague and cholera, six days in the case of yellow fever or meningococcal meningitis or fourteen days in the case of smallpox; and
- (b) where surveillance is resorted to, the period shall be the same as the period of observation, except in the case of plague, when it may be extended to a period not exceeding ten days.

(2) Where the measures in subrule (1) of this rule are applied, the period of observation or surveillance may extend from the date of removal from the infected area, if no subsequent case has occurred among the persons under observation; and where any further case of the same disease occurs, the period of observation may extend from the date of the isolation of the last case.

(3) The medical officer of health shall prescribe the periods of observation and surveillance in the event of any other notifiable disease.

16. Closing of premises.

The local authority, at the request of the medical officer of health, may close any premises on which there has been a case or a suspected case of a notifiable disease, until such time as the medical officer of health considers the place fit for human occupation, and may also close, until the medical officer of health considers them to be disinfected, any buildings, latrines, wells, dustbins, dumping grounds and any place which, by reason of the existence of a notifiable disease, the medical officer of health may deem it advisable to close.

17. Removal of property from infected premises.

No person shall remove any property from any infected premises, or from any premises where there is or has been a suspected case of a notifiable disease, without the written permission of a medical officer of health.

18. Disposal of bodies.

The bodies of all persons who have died from a notifiable disease which is infectious shall be disposed of in conformity with the directions of the medical officer of health.

19. Infected clothing, etc.

All clothing and bedding and any articles worn or removed by persons ordered to evacuate an infected area shall be disinfected.

20. Destruction of rats and mice.

Every local authority shall cause inspection to be made, from time to time,

of its district with a view to ascertaining whether any lands or premises within the district are infected with rats and mice, and ensure, by all reasonable means, the destruction of rats and mice in the district.

21. Offence and penalty relating to rats and mice.

Any person who fails to take such steps or to carry out such orders for the destruction of rats or mice on or in any land or premises as may from time to time lawfully be directed or given by a local authority commits an offence and is liable on conviction to a fine not exceeding two hundred shillings.

22. Power of local authority to take measures for destruction of rats.

(1) Where a local authority is of opinion that the owner or occupier of any land or premises in the district of that authority has failed to take such steps or to carry out such orders as may be directed or given by any local authority, the local authority may either serve a notice on the owner or occupier requiring him or her to take such steps or to execute such works as are prescribed in the notice within a time specified in the notice, or, after not less than twenty-four hours' previous notice to the owner or occupier, may enter upon the land or premises and take such steps as are necessary and reasonably practicable for the purpose of destroying the rats and mice on the land or premises or for the purpose of preventing the land or premises from becoming infested with rats and mice, and may recover any reasonable expenses so incurred from the owner or occupier as a civil debt recoverable summarily.

(2) No action taken by a local authority under this rule shall exempt any defaulter from the penalties under rule 21 of these Rules.

23. Control of meetings, etc.

(1) Where at any time it appears to the medical officer of health that any meeting or entertainment or any ceremonial or other gathering is likely to tend to the spread of any notifiable disease, the local authority shall, if requested by the medical officer of health, who shall report his or her action to the district commissioner, immediately prohibit that meeting, entertainment or gathering.

(2) Any person who is present at or who takes part in any meeting, entertainment or gathering which has been so prohibited commits an offence

and is liable on conviction to a fine not exceeding one hundred shillings.

24. Instructions by a local authority to be obeyed.

Where any notifiable disease occurs, a local authority on the advice of a medical officer of health, shall decide upon the measures necessary to ensure the destruction of rats, mice and other vermin and of mosquitoes, their larvae and pupae, and of fleas, bugs or any other such parasites.

25. Clearing of area around premises and ratproofing of buildings.

For the purpose of preventing the spread of plague, the owner or occupier of any premises shall, if required by a local authority at the request of a medical officer of health—

- (a) clear, and maintain clear of all long grass, vegetation, garbage and other waste, such an area of his or her own plot as is contained within a radius of thirty feet from his or her dwelling; and
- (b) render all roofs, partitions, floors and plinths of houses free of rats and, where reasonably possible, cause those roofs, partitions, floors and plinths to be made ratproof.

26. Foodstuffs to be protected from rats.

No foodstuffs shall be kept in inhabited premises unless the foodstuffs are reasonably protected against rats and mice.

27. Disinfection of bodies of dead rats.

On the occurrence of plague in any locality all rats and mice caught or killed or found dead on any premises in the vicinity of the locality shall, as soon as possible, be placed by the owner or occupier in a strong solution of disinfectant, or in boiling water, and the bodies of all such rats and mice shall thereafter be removed and disposed of in accordance with the instructions of the medical officer of health.

28. Disposal of refuse and sewage.

When a notifiable disease occurs in any place, all occupiers of premises in that place shall comply with any directions given by the medical officer of health with regard to the disposal of refuse and sewage.

29. Erection of temporary huts.

On the occurrence of an outbreak of notifiable disease, a local authority shall, if requested by the medical officer of health, make an order for the erection of such temporary huts, mortuaries and similar buildings as the medical officer of health may deem necessary.

30. Disease in animals communicable to humans.

(1) Where an animal is suffering from any contagious or infectious disease which can be transmitted to humans, or where a carcass, whether the animal has died or has been slaughtered, has been found on examination to be infected with any such disease, the place occupied by the animal or carcass shall immediately be treated by the owner or occupier of the place, in accordance with the instructions of the medical officer of health or of a veterinary officer.

(2) The owner of any such infected animal, the owner of the place which was occupied by any such animal or carcass, and the person, if any, who slaughtered the animal, on becoming aware of the presence of such disease, shall inform the local authority which shall inform a veterinary officer.

31. Notification of infectious disease in animals.

Any veterinary officer or private veterinary practitioner, on becoming aware of the occurrence of any infectious or contagious disease in animals which can spread from animals to human beings, shall immediately notify the medical officer of health and shall at the same time inform him or her of the action he or she is taking to prevent the spread of the disease.

32. Rabies.

(1) The local authority, upon production of a rabies certificate signed by a medical officer of health to the effect that any person has been bitten by any animal suffering from the disease of rabies, and that the person is, in the opinion of the medical officer of health, liable to develop the disease of rabies and that it is advisable that he or she be subjected to treatment or observation, may make an order compelling that person to reside in any segregation hospital or in any other place until he or she is discharged by the

medical officer of health in charge of the area, and that person shall be deemed to be suffering from the disease and shall be subject to all rules made in pursuance of the Act.

(2) The local authority, in making any order under subrule (1) of this rule, shall immediately report the order to the chief medical officer who shall have power to vary or rescind the order.

33. Inspection of dairies by medical officer of health for notifiable disease.

(1) Any medical officer of health having reason to believe that any person is suffering from a notifiable disease which is infectious and which is attributable to milk supplied from a dairy, or that the consumption of milk from the dairy is likely to cause disease to human beings, may inspect the dairy and all animals in it and, for the purpose of examination, may take any samples of milk necessary.

(2) If, in the course of an examination of the dairy or animals, or following upon the examination of any samples taken, the medical officer of health satisfies himself or herself that disease is being or has been caused by the consumption of milk from the dairy, he or she shall report his or her findings to the local authority of the area in which the dairy is situated, and shall request that an order be made by that authority on the dairy person concerned calling on that dairy person to cease to supply milk to the public until the medical officer of health is satisfied that there is no further risk of infection.

(3) Any local authority which makes or refuses to make an order under this rule shall immediately report that action to the chief medical officer.

34. Power of veterinary officer to enter premises and inspect milk cattle.

(1) A veterinary officer may enter at any time upon any premises in which any cow for the production of milk for sale is kept or housed or milked, and may examine any cow or other animal in the premises and may milk any such cow or may demand that any such cow be milked in his or her presence, and may remove any sample of milk so obtained for the purpose of examination.

(2) If the veterinary officer has reason to believe or to suspect that any such cow or animal is suffering from any contagious or infectious or other disease liable to render milk produced by the cow or animal unwholesome, or injurious, or dangerous for human consumption, he or she may carry out such investigations, including the inoculation of any such cow or animal, as he or she may deem necessary for the purpose of determining whether the cow or animal is suffering from any such disease.

35. Penalty for failing to render reasonable assistance.

Any dairy person or other person who by any wilful act or default of himself or herself or his or her servant fails to render a medical or veterinary officer all reasonable assistance in any such examination or investigation as is required by rules 33 and 34 of these Rules or in obtaining any necessary sample or samples of milk commits an offence and is liable on conviction to a fine not exceeding one hundred shillings.

36. Carriers of disease.

(1) In this rule, “carrier” includes any person who, although he or she does not at the time present the clinical symptoms of a notifiable disease which is infectious, has been proved, or is believed on reasonable grounds, to be harbouring the infection and consequently to be liable to cause the spread of the disease.

(2) Any person who is believed or suspected, on reasonable grounds, by a medical officer of health to be a carrier shall afford to that officer, or to any person authorised by him or her in writing, every facility for obtaining specimens of blood, excreta, discharges or other material required for examination and investigation, and shall take any medicine which may be prescribed for any such purpose by that officer.

(3) Where a medical officer of health certifies that any person is believed or suspected on reasonable grounds to be a carrier and that the necessary examinations and investigations cannot be properly carried out at that person’s house or place of residence, the local authority may make an order requiring the person to proceed or to be removed to a hospital or other suitable place for the purpose of examination and investigation and to remain or to be detained in that place for such reasonable period as may be required for that purpose.

(4) Every carrier shall at all times observe and give effect to all reasonable instructions given to him or her by the medical officer of health in regard to the disposal of his or her excreta, the cleansing of articles used by him or her, and any other precautions for preventing the spread of infection.

(5) Every carrier shall inform the local authority (which shall inform the medical officer of health) of his or her intention to change his or her place of residence or work and of his or her intended new place of residence or work. That information shall, when possible, be furnished not less than seven days before the change takes place, and, if the carrier's new place of residence or work is within the district of another medical officer of health or local authority, the medical officer of health or local authority of the district in which the carrier at the time resides shall inform that other medical officer of health or local authority of the facts of the case and of the carrier's change of residence or work.

(6) Where, on the certificate of a medical officer of health, it appears to the local authority that a person is a carrier, the local authority, on the application of that officer and after due inquiry, may, having regard to the nature of the infection, make, and may from time to time modify, alter, extend or rescind, any order or orders requiring the person—

- (a) to proceed or be removed to and to remain or be detained, for a period to be specified in the order, in a hospital or other suitable place for the purpose of medical treatment;
- (b) to attend regularly for medical treatment or examination at times and places specified in the order;
- (c) to proceed to and remain in a specified locality or area under medical surveillance for a period specified in the order and (if considered necessary) to attend or report himself or herself at times and places specified in the order;
- (d) not to handle, or otherwise come in contact with, food or vessels or articles containing or used to contain or which come in contact with, food intended for consumption by others, or to engage in any occupation entailing the handling of or coming in contact with such food, vessels or articles; and
- (e) to comply with such other requirements specified in any such order as the local authority, on the application of the medical officer of health, may deem necessary for safeguarding the public health.

(7) The parent or guardian or person in charge of a child who is, or who is believed or suspected to be a carrier, shall comply with these Rules or any order made under these Rules in respect of that child.

37. Malaria and mosquito prevention.

When it appears, from the certificate of the medical officer of health, that the condition of any land or premises favours the multiplication or prevalence of mosquitos, and that the occurrence or spread of malaria or other mosquito-borne disease is likely to be favoured thereby, the local authority shall give written notice to the owner or occupier of that land or premises requiring him or her to take action with regard to that condition; but if in the opinion of the local authority it is advisable in any case to postpone action under this rule, the local authority shall consult the chief medical officer.

38. Particulars of notice.

(1) Every notice under rule 37 of these Rules shall specify the land or premises concerned and the measures required to be carried out.

(2) Any such notice may require the owner or occupier to clear bush or other vegetation, to canalise streams, to drain swamps and pools or low-lying areas, to regularise or stem water furrows, and to take measures for the destruction of mosquitoes and for the prevention of their multiplication to the satisfaction of the medical officer of health, and may impose a time limit for the completion of the work or for the carrying out of the measures specified in the notice.

39. Power of local authority to carry out remedial measures.

If any owner or occupier refuses to carry out the measures specified in any notice under these Rules, or fails to do so within the time limit imposed, the local authority shall, by persons duly authorised for that purpose, carry out those measures, and the costs incurred in so doing may be recovered by the local authority from the person upon whom the notice was served; but if in the opinion of the local authority it is advisable in any case to postpone action under this rule, the local authority shall consult the chief medical officer.

40. Failure to comply with notice an offence.

Any person who fails to carry out or to comply with the terms of a notice served under rule 37 of these Rules commits an offence.

41. Roof gutters.

(1) Any owner or occupier of any building provided with roof gutters shall so construct and maintain those roof gutters as to render them self-draining and capable of remaining dry between rainfalls.

(2) Where gutters are found not to be self-draining, the local authority or the medical officer of health shall serve a notice upon the owner or occupier of the building calling on him or her to remove or repair those roof gutters within a specified time. Failure to comply with the terms of any such notice shall render the owner or occupier liable on conviction to a penalty of one hundred shillings, in addition to a further penalty of twenty shillings for each day of noncompliance with the notice.

42. Hotels, etc. to supply mosquito nets.

The landlord of any hotel, boarding house or lodging house or of any building where persons are accommodated for payment shall, if the medical officer of health so directs, provide and keep in good order and repair and in a state of cleanliness a mosquito net for each bed in each room used for sleeping purposes.

43. Food protection.

No person shall expose for sale any food which is intended to be eaten in the state in which it is sold, unless due care has been taken to prevent flies or other vermin from having access to the food.

44. Spitting prohibited.

No person shall spit in any public building, public vehicle, trade premises, or in any building to which the public has access, except in receptacles specially provided for the purpose.

45. Inspection of vaccine, etc.

(1) Any medical officer of health or other officer specially authorised

for that purpose by the chief medical officer may inspect, take samples of, and examine or may require the furnishing for examination of samples of any vaccine, vaccine lymph, serum or similar substance imported into or manufactured in Uganda and intended or used for the prevention or treatment of human disease.

(2) The chief medical officer may, by statutory instrument, or by order served on the person concerned pending the publication of the instrument, prohibit the importation, manufacture, sale or use of any such vaccine, vaccine lymph, serum or similar substance which is considered to be unsafe or to be liable to be harmful.

(3) In order to ensure the due observance of these Rules, it shall not be lawful for any person to import, manufacture, sell or use any such vaccine, vaccine lymph, serum or similar substance unless the bottle, package, or container bears or has affixed to it a label stating the name and address of the manufacturer and of the distributor, retail or wholesale, together with either the date of manufacture or the date after which the substance is not recommended for use.

46. Prohibition of importation of cultures without permission.

(1) No person shall import, convey or transmit into Uganda any culture or any preparation of any pathogenic microorganism or other material capable of causing disease in humans without first obtaining the written permission of the chief medical officer.

(2) That permission may be general or special and shall be subject to such conditions or requirements as may be specified in the permission.

47. Prohibition of use of cultures without permission.

(1) No person shall keep, transmit or use any culture or any preparation of pathogenic microorganisms or other material capable of causing any disease without first obtaining the written permission of the chief medical officer.

(2) That permission may be general or special and shall be subject to such conditions or requirements as may be specified in the permission.

(3) This rule shall not apply to diagnostic examination by medical

practitioners or approved veterinary surgeons, or to the transmission from places within Uganda of specimens or material for such examination, or to vaccination with standard calf lymph.

48. Precaution to be observed in keeping cultures.

Every person transmitting, keeping or using any culture or any preparation of any pathogenic microorganism or other material capable of causing disease in humans shall be responsible at all times for taking effective measures to ensure the proper and safekeeping, transmission or use of such material and to prevent or guard against any accidental contamination with or dissemination of the infection.

49. Powers of chief medical officer and other medical officers.

(1) Any medical officer of health, or other officer specially authorised for that purpose by the chief medical officer, may at any time make any inspection or examination in order to ascertain whether the requirements of rules 45 to 48 inclusive of these Rules or the conditions of any permit issued under them are being properly complied with.

(2) Where it appears to the chief medical officer that any person has not properly complied with any such requirement or condition, the chief medical officer may make an order prohibiting that person from importing, conveying, transmitting, keeping or using any culture or preparation of any pathogenic microorganism or other material capable of causing disease in humans, and providing for the seizure or destruction by a medical officer of health of any such culture, preparation or material in the possession or custody of that person.

50. Importation of vaccines, etc. for veterinary purposes.

Nothing in rules 45 to 49 of these Rules shall prevent the commissioner of livestock and entomology from giving permission, for veterinary purposes only, for the importation, manufacture, sale or distribution of sera, vaccines, lymph or similar substances, or for the importation, conveyance or transmission of any pathogenic microorganisms or other material whether for diagnostic, experimental, prophylactic or other use.

51. Cleansing of verminous persons.

Where a cleansing station is provided within the district of a local authority or within a reasonable distance from the district, any person within the district who is certified by a medical officer of health, or by any person duly authorised by him or her in writing, to be dirty or verminous, may, on the order of the local authority, be removed, together with his or her clothing and bedding, to that cleansing station and be cleansed in it.

52. Importation and disinfection of used clothing.

(1) Every consignment (exclusive of the personal and household effects of travellers) of bedding, blankets, body linen, or other articles of clothing which have been in use, or any rags, or flock made of rags, or any used sacks, carpets, canvas or any similar article which has been in use, and which is brought into any place in Uganda, shall be declared as secondhand by the importer to the customs; and a certified statement shall be submitted by that person showing the place of origin and precise composition of the consignment.

(2) Every such consignment, or any portion of it, intended for sale or disposal in Uganda, shall be accompanied by a sufficient certificate furnished by a recognised public authority at the port of shipment or place of origin of the package to the effect that the articles mentioned in the certificate are clean and have been sufficiently disinfected to the satisfaction of that authority, and stating in detail the method of disinfection employed and the apparatus used, together with a certificate or other satisfactory evidence that since the issue of the certificate of disinfection the package has not been opened nor its contents in any way added to or tampered with.

(3) Every such consignment, whether accompanied by the certificate mentioned in subrule (2) of this rule or not, shall be detained by customs pending its inspection or examination or authorisation for importation by the chief medical officer or by any person authorised by him or her to carry out that inspection or examination. For the purpose of carrying out the inspection or examination, the chief medical officer, or the person authorised by him or her, may open any such consignment or may require the opening of the consignment by its consignee or owner.

(4) For the purposes of this rule, “sufficient disinfection” means disinfection by steam under pressure in a suitable apparatus, or some other process which can be relied upon to destroy any infection or any vermin. Fumigation with hydrocyanic acid gas shall not be sufficient unless some

reliable germicidal process has also been carried out.

(5) Failing the production of satisfactory certificates as required by subrule (2) of this rule, or if, despite the production of such certificates, any articles in any such consignment are found to be dirty or uncleansed, the whole of the consignment shall be disinfected to the satisfaction of the chief medical officer or the person authorised by him or her at the sole expense and risk of the consignee.

(6) Where a consignment or any part of it is of such a nature that it cannot, in the opinion of the chief medical officer or the person authorised by him or her, be satisfactorily disinfected, or where there are no available satisfactory means of disinfection, the chief medical officer or the person authorised by him or her may destroy or may order the destruction of the whole or any part of the consignment; but—

- (a) a person authorised by the chief medical officer for the purposes of this rule shall not destroy or order the destruction of any part of a consignment where the goods to be destroyed are of a greater value than two hundred shillings, without the prior sanction in writing of the chief medical officer; and
- (b) where the destruction of goods to a greater value than two hundred shillings is required, the destruction shall not be carried out if the owner or consignee undertakes to reexport and does reexport the goods within four weeks from the date of the order for destruction.

(7) The recognised public authority for granting the certificate of disinfection required by subrule (2) of this rule shall be—

- (a) the port health or sanitary authority of any Commonwealth port at which the consignment has been shipped;
- (b) the health or sanitary authority for any area in the Commonwealth at which the goods have been packed; or
- (c) the port health or sanitary authority or the municipality or other health authority at any foreign port or at any place abroad at which the goods have been packed, but in every such case the certificate shall be verified and countersigned by a foreign service officer or diplomatic representative of a Commonwealth country.

(8) All charges for any disinfection carried out by the chief medical officer or the person authorised by him or her under this rule shall be paid by

the owner or consignee or his or her agent, and that owner, or consignee or his or her agent shall further be responsible for any transport, unpacking, repacking or rebaling which may be required with regard to articles to be disinfected, inspected or examined.

53. Rules as to exclusion from school on account of notifiable disease.

(1) The provisions of the Second Schedule to these Rules shall apply to all children attending any school and to all teachers of schools.

(2) In these Rules and in the Second Schedule to these Rules—

- (a) “head teacher” or “person in charge” of a school means the person in charge of any department of a school, where there is no head teacher or person in charge of the whole school;
- (b) “school” means any public or private establishment for primary, secondary, technical or higher education (including subgrade schools) if the establishment or school is attended by at least ten pupils for the purpose of receiving regular instruction.

(3) The head teacher or person in charge of every school shall—

- (a) immediately notify the medical officer of health of every case of notifiable disease among the pupils which comes to his or her notice;
- (b) exclude from the school all pupils or teachers who are suffering from, or who have been exposed to the infection of, any disease included in the Second Schedule to these Rules for the periods specified in, and in accordance with the provisions of, that Schedule;
- (c) where a case of notifiable disease has been treated by a medical practitioner, require that a medical certificate be furnished before readmission to the school;
- (d) where a pupil who has been absent from school by reason of his or her suffering from, or having been exposed to the infection of a notifiable disease returns to school without a medical certificate of recovery and freedom from infection, satisfy himself or herself by personal investigation that the pupil appears to be well and is clean in person and clothing; and
- (e) where any doubt exists whether a pupil is an immune contact or a susceptible contact, as defined in the Second Schedule to these Rules, deal with such pupil as a susceptible contact.

(4) Where any pupil has developed any disease included in the Second Schedule to these Rules, the parent or guardian of the pupil shall—

- (a) immediately, on that fact coming to his or her knowledge, notify the head teacher or person in charge of the school ordinarily attended by the pupil and the medical officer of health of the district;
- (b) where so required by the provisions of the Second Schedule to these Rules, and until the measures or precautions specified in that Schedule have been carried out or complied with, discontinue the attendance at school of the sick pupil or of other pupils under his or her control who may have been exposed to infection, for the periods specified in, and in accordance with the provisions of, that Schedule;
- (c) exercise due care to prevent any such pupil from conveying the infection to others, either at home or elsewhere, and keep other persons away from contact with the infected pupil; and
- (d) after the termination of every case of diphtheria or membranous croup, smallpox or enteric fever (where the local authority has not carried out disinfection of the infected premises, bedding and clothing), wash all washable articles, and freely expose to sunlight and fresh air all clothing or bedding, thoroughly scrub the floor of the sick room and all woodwork and furniture with soap and water and thereafter keep the doors and windows open for at least three hours.

(5) In the case of school boarding establishments—

- (a) every person in charge of any such establishment shall be deemed to have imposed upon him or her, in regard to the pupils of that establishment, the like duties as are imposed upon parents or guardians by subrule (4) of this rule; and
- (b) where a pupil is found to be suffering from a disease included in the Second Schedule to these Rules, the provisions of that Schedule, in respect of contact shall, subject to the discretion of the medical officer of health, apply only to such pupils as have been occupying the same bedroom or dormitory as the patient.

(6) Where a case of notifiable disease in a pupil is notified, or otherwise comes to his or her notice—

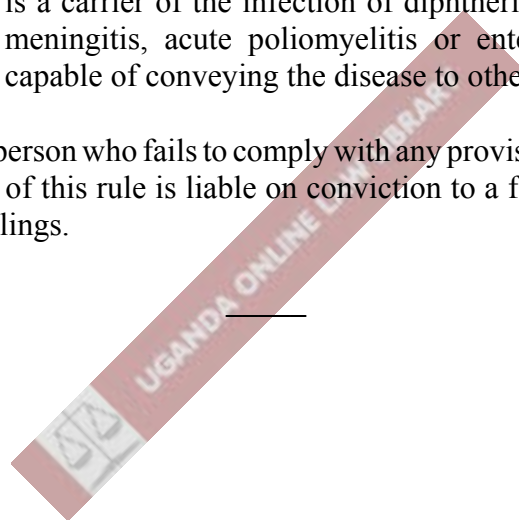
- (a) the medical officer of health shall immediately notify the facts to the head teacher or person in charge of the school concerned, and that head teacher or person in charge, if so requested by the

medical officer of health, shall furnish to him or her without delay a complete list of the pupils attending at the school, together with their names and addresses; and

(b) the medical officer of health may, by written notice to the parent or guardian of the pupil and to the head teacher or person in charge of the school—

- (i) reduce the period of exclusion from school of an infected pupil or of a contact, where he or she is satisfied, after bacteriological examination or after the adoption of special measures, that such reduction will not entail any risk of spreading the disease; or
- (ii) increase the period of exclusion, where he or she has reasonable grounds for believing that any pupil or person is a carrier of the infection of diphtheria, meningococcal meningitis, acute poliomyelitis or enteric fever and is capable of conveying the disease to others.

(7) Any person who fails to comply with any provision or to carry out any requirement of this rule is liable on conviction to a fine not exceeding one hundred shillings.



SCHEDULES

First Schedule.

rule 4.

Notification of Infectious Disease: Certificate of Medical Practitioner.
The Public Health (Notifiable Diseases) Rules.

To the Medical Officer of Health _____ District

I notify you that in my opinion the undermentioned is now suffering from
_____ *(name of disease)*/has died¹ on
_____ from _____ *(name of disease)*.

Full name _____

Age _____ Sex _____ Race _____

Address _____
_____ *(give full address where patient sick)*

Place employed or name of school attended

Arrangements made for treatment _____

Remarks: *(regarding date of onset, source and place of infection, etc.)*

Date _____ Medical Practitioner _____

Note—A separate form should be filled in for each case.

¹Delete as required.

**Provisions governing return to school by patient and contacts of
notifiable diseases.**

The Public Health (Notifiable Diseases) Rules.

In this Schedule—

- (a) “contact” means a person who has been exposed to the infection of any notifiable disease included in the first column of this Schedule by reason of having been in contact or having associated or lived in the same house with a person suffering from the disease. In the case of a boardinghouse or hostel or other large establishment the medical officer of health, or, if there is no medical officer of health, the medical practitioner in attendance, shall decide whether all persons living in the establishment are to be dealt with as contacts or, if not, what persons are to be exempted from restrictions;
- (b) “immune contact” means a contact who has previously had the disease and, who, although capable of carrying the infection to others, would normally not be liable to a second attack;
- (c) “patient” means a person suffering from any notifiable disease included in the first column of this Schedule;
- (d) “removal from infection” means, as the case may be—
 - (i) removal of the patient from the infected dwelling and the disinfection or thorough cleansing of the dwelling, and of all bedding, clothing and articles in it;
 - (ii) removal of the contact from the infected dwelling, together with bathing of his or her body and disinfection or cleansing of his or her clothing; or
 - (iii) where both patient and contact remain in the infected dwelling, the complete recovery of the patient and disinfection or thorough cleansing of the infected dwelling, bedding, clothing and articles, together with bathing of the bodies of both patient and contact;
- (e) “susceptible contact” means a contact who has not previously had the disease and is consequently liable to contract it.

Disease	Patient may return to school	Contacts may return to school
Diphtheria	After complete recovery, and having no discharge from ears or nose. Minimum exclusion—4 weeks from onset.	<p>Immune contacts, or contacts shown by the Schick test to be susceptible—at once, after disinfection and removal from contact with infection</p> <p>Susceptible contacts—8 days after disinfection and removal from contact with infection except where patient and contacts remain in the same dwelling, in which case contacts may return to school at the same time as, but not before, the last case in the dwelling</p>
Measles	14 days after first appearance of rash. Where a case of measles has occurred in a class, the medical officer of health may, at his or her discretion, close the class on or about the 9th day after the sickening of the first child for a period of 7 days, or may exclude susceptible children in the class for a similar period.	<p>Immune contacts—at once provided they are kept apart from patient</p> <p>Susceptible contacts—7 days after the return to school of the last case in the dwelling</p>

Disease	Patient may return to school	Contacts may return to school
Whooping cough	6 weeks after commencement of whooping.	<p>Immune contacts—at once provided they are kept apart from patient</p> <p>Susceptible contacts—3 weeks after disinfection and removal from contact with infection</p>
Chickenpox	After complete disappearance of scabs. Minimum exclusion—14 days from onset.	<p>Immune contacts—at once provided they are kept apart from patients</p> <p>Susceptible contacts—14 days after disinfection and removal from contact with infection</p>
Smallpox	After complete disappearance of scabs. Minimum exclusion—4 weeks.	<p>Contacts who have had smallpox or who have been successfully vaccinated within the previous 5 years, but not less than 7 days prior to contact with infection—at once after disinfection and removal from contact with infection</p> <p>Other contacts—14 days after disinfection and removal from contact with infection</p>
Enteric fever (typhoid and paratyphoid)	After complete recovery. Minimum exclusion—4 weeks.	No exclusion

Disease	Patient may return to school	Contacts may return to school
Typhus	After complete recovery. Minimum exclusion—4 weeks.	<p>Immune contacts—at once after disinfection, delousing and removal from contact with infection</p> <p>Susceptible contacts—14 days after disinfection and removal from contact with infection</p> <p><i>N.B.</i>—Contacts must be thoroughly clean and free from lice or nits</p>
Tuberculosis (pulmonary); leprosy	On production of a medical certificate of recovery and freedom from infection.	No exclusion
Tuberculosis (other forms)	No exclusion, unless with discharging sores.	No exclusion

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Third Schedule.

rule 6.

Payment of fees to private medical practitioners.
The Public Health (Notifiable Diseases) Rules.

District	Diseases	Amount of fee	Fee payable by
City of Kampala	All notifiable diseases	Shs. 2/50 for each certificate	Kampala City Council
Jinja Municipality	All notifiable diseases	Shs. 2/50 for each certificate	Jinja Municipal Council

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History: S.I. 269-3.

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